## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90083 006 \*\*\*150.00

## DOCUMENT # P95000039366

1. Corporation Name

4 R CONSTRUCTION, INC.

Principal Place	of Business	Mailing Address			
1009 MANCHES	TER CIR	1000 MANCHESTER CIR-			
WINTER PARK I	FL 32792	WINTER PARK FL 32792	_	DO NOT WELL	TE IN THIS SPACE
US 1982 Bentwood Dr			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
		7100	•		
			14-7	05/18/1995 4. FEI Number	Applied For
^ ^	ace of Business	2a. Mailing Address	c / A	1 **	Applied For
21 198	2 BENTWOOD BY		I word DN	<u>59-3361968</u>	Not Applicable  \$8.75 Additional
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22		27			<del></del>
City & State		City & State	ma a	6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
23 1 1	3127-1775081	20 000000	Country		
Zip 2 2 a a .	Country	Zip 22.2.0.1	¬ '	This corporation owes the curre     Personal Property Tax.	ent year intangible ☐ Yes \$2500
24 3 L')	9 2   25	29 32) \ \ \ \ 30	<u> </u>	10. Name and Address of New R	
	9. Name and Address of Current	Registered Agent	81 Name 40		
RILI	JOHN H <b>E80</b>		31 Hams 1/3	MICHAEL J.	Lynes
	MANOFIESTEB-CIR		82 Street Add	ress (P.O. Box Number is Not Accepta	ble) _
			83 / 27	B2 BENTWOOD	) <u>-</u>
''''	EN PANIOT L 32732		83		
	-		84 City	1	85 Zip Code
				WINTENBANK	FL 32392
11. Pursuant to office or reagent. I as	to the provisions of Sections (07.0502) egistered agent, or both, in the State of m familiar with, and accept the sinaling	and 607.1508, Florida Statutes, Florida-Such change was auth and of, Section 607.0505, Florida	the above-named corporation statutes.  Statutes.	poration submits this statement for the ion's board of directors. I hereby accept	purpose of changing its registered
SIGNATURE	CHHV	1		4/19/	7 9
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature require		DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
					AUChanga [7] Addition [
TITLE	PVST	DELETE	. 1.1 TITLE		Change Addition
NAME	LYNCH, MICHAEL J		1.2 NAME ; <b>Q</b>	82 BRENTWOOD	☐ Addition Addition
	· - ·		1.2 NAME ; <b>Q</b>	82 BRENTWOOD	Change Addition
NAME	LYNCH, MICHAEL J	☐ DELETE	1.2 NAME ; <b>Q</b>	82 BRENTWOOD 11075194RIC 6.32792	ð-x
NAME STREET ADDRESS	LYNCH, MICHAEL J 1009 MANCHESTER CIR		1.2 NAME ; <b>Q</b>	182 BRENTWOOD VINTERPARIC L. 32)92	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	LYNCH, MICHAEL J 1009 MANCHESTER CIR	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	182 BRENTWOOD 11 MTEXPARIC 16.32792	ð-x
NAME STREET ADDRESS CITY-ST-ZIP TITLE	LYNCH, MICHAEL J 1009 MANCHESTER CIR	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	182 BRENTWOOD 110TEXPARIC 66.32792	ð-x
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LYNCH, MICHAEL J 1009 MANCHESTER CIR	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	182 BRENTWOOD 110TEXPARK 66.32792	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LYNCH, MICHAEL J 1009 MANCHESTER CIR	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	82 BRENTWOOD VICTEXPARIC L. 32792	ð-x
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	LYNCH, MICHAEL J 1009 MANCHESTER CIR	☐ DELETE ☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	BL BRENTWOOD VINTERPARIC L. 32792	Change Addition  Change Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental acquait report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \_

TITLE

NAME

STREET ADDRESS

CHATURE REGUIRED